

1073

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-575)						SERIAL NO. 09/662457		FILING DATE	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					51	1		
2	1					52	1		
3	1					53			
4	1					54	1		
5	1					55			
6	1					56	1		
7	1					57	1		
8	1					58	1		
9	1					59	1		
10	1					60	1		
11	1					61	1		
12	1					62			
13	1					63			
14	1					64			
15	1					65			
16	1					66			
17	1					67			
18	1					68			
19	1					69			
20	1					70			
21	1					71			
22	1					72			
23	1					73			
24	1					74			
25	1					75			
26	1					76			
27	1					77			
28	1					78			
29	1					79			
30						80			
31						81			
32	1					82			
33	1					83			
34	1					84			
35	1					85			
36	1					86			
37	1					87			
38						88			
39	1					89			
40						90			
41	1					91			
42	1					92			
43						93			
44	1					94			
45	1					95			
46	1					96			
47	1					97			
48						98			
49						99			
50	1					100			
TOTAL IND.						TOTAL IND.			
TOTAL DEP.						TOTAL DEP.			
TOTAL CLAIMS						TOTAL CLAIMS			

PTO-1350 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE

20f3

CLAIMS ONLY						Application Number 09/662457	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*
	Indep	Depend	Indep	Depend	Indep	Depend	
101							
12							
3							
4							
5							
6							
7							
8							
9							
10	/						
11	/						
12	/						
13	/						
14	<del>/</del>						
15	/						
16	/						
17	/						
18	/						
19	/						
20	/						
21	/						
22	/						
23	/						
24	/						
25	/						
26	/						
27	<del>/</del>	<del>/</del>					
28	/						
29	<del>/</del>	<del>/</del>					
30	<del>/</del>	<del>/</del>					
31	<del>/</del>	<del>/</del>					
32	<del>/</del>	<del>/</del>					
33	<del>/</del>	<del>/</del>					
34	-	<del>/</del>					
35	<del>/</del>	<del>/</del>					
36	<del>/</del>	<del>/</del>					
37	<del>/</del>	<del>/</del>					
38	<del>/</del>	<del>/</del>					
39	<del>/</del>	<del>/</del>					
40	<del>/</del>	<del>/</del>					
41	<del>/</del>	<del>/</del>					
42	<del>/</del>	<del>/</del>					
43	<del>/</del>	<del>/</del>					
44	<del>/</del>	<del>/</del>					
45	<del>/</del>	<del>/</del>					
46	<del>/</del>	<del>/</del>					
47	<del>/</del>	<del>/</del>					
48	<del>/</del>	<del>/</del>					
49	<del>/</del>	<del>/</del>					
50	<del>/</del>	<del>/</del>					
Total Indep							
Total Depend							
Total Claims							

3 of 3

CLAIMS ONLY							Application Number		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*	*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend		
201							251					
202							252					
203							253					
204							254					
205							255					
206							256					
207	X	X					257					
208							258					
209							259					
210							260					
211							261					
212							262					
213							263					
214							264					
215							265					
216							266					
217							267					
218							268					
219							269					
220							270					
221							271					
222							272					
223							273					
224							274					
225							275					
226							276					
227							277					
228							278					
229							279					
230							280					
231							281					
232							282					
233							283					
234							284					
235							285					
236							286					
237							287					
238							288					
239							289					
240							290					
241							291					
242							292					
243							293					
244							294					
245							295					
246							296					
247							297					
248							298					
249							299					
250							300					
Total Indep	7						Total Indep					
Total Depend	68						Total Depend					
Total Claims	75						Total Claims					